

P. O. BOX 857

RHINELANDER 54501 Phone: (715) 365-6900

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/01): 100

Total Licensed Bed Capacity (12/31/01): 100

Number of Residents on 12/31/01: 95

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 92

Corporation

Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		43.2
Supp. Home Care-Personal Care	No					1 - 4 Years		30.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.1	More Than 4 Years		26.3
Day Services	No	Mental Illness (Org./Psy)	54.7	65 - 74	6.3			-----
Respite Care	No	Mental Illness (Other)	5.3	75 - 84	37.9			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	1.1	85 - 94	43.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.1		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	10.5	65 & Over	97.9	-----		
Transportation	No	Cerebrovascular	7.4		-----	RNs		15.9
Referral Service	No	Diabetes	1.1	Sex	%	LPNs		0.3
Other Services	No	Respiratory	5.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	11.6	Male	30.5	Aides, & Orderlies		
Mentally Ill	No		-----	Female	69.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)			
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	281	62	93.9	107	0	0.0	0	20	100.0	157	0	0.0	0	1	100.0	157	91	95.8
Intermediate	---	---	---	4	6.1	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		66	100.0		0	0.0		20	100.0		0	0.0		1	100.0		95	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	4.7	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.8	Bathing	0.0	66.3	33.7	95
Other Nursing Homes	8.7	Dressing	9.5	68.4	22.1	95
Acute Care Hospitals	83.5	Transferring	37.9	50.5	11.6	95
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	28.4	54.7	16.8	95
Rehabilitation Hospitals	0.8	Eating	65.3	21.1	13.7	95
Other Locations	1.6	*****				
Total Number of Admissions	127	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	4.2	Receiving Respiratory Care		10.5
Private Home/No Home Health	31.5	Occ/Freq. Incontinent of Bladder	49.5	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	21.0	Occ/Freq. Incontinent of Bowel	33.7	Receiving Suctioning		1.1
Other Nursing Homes	8.9			Receiving Ostomy Care		6.3
Acute Care Hospitals	16.1	Mobility		Receiving Tube Feeding		5.3
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	4.2	Receiving Mechanically Altered Diets		33.7
Rehabilitation Hospitals	0.0					
Other Locations	3.2	Skin Care		Other Resident Characteristics		
Deaths	19.4	With Pressure Sores	9.5	Have Advance Directives		81.1
Total Number of Discharges (Including Deaths)	124	With Rashes	1.1	Medications		
				Receiving Psychoactive Drugs		45.3

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.0	80.3	1.15	83.5	1.10	84.4	1.09	84.6	1.09
Current Residents from In-County	73.7	72.7	1.01	79.2	0.93	75.4	0.98	77.0	0.96
Admissions from In-County, Still Residing	22.8	18.3	1.24	22.5	1.02	22.1	1.03	20.8	1.10
Admissions/Average Daily Census	138.0	139.0	0.99	125.7	1.10	118.1	1.17	128.9	1.07
Discharges/Average Daily Census	134.8	139.3	0.97	127.5	1.06	118.3	1.14	130.0	1.04
Discharges To Private Residence/Average Daily Census	70.7	58.4	1.21	51.5	1.37	46.1	1.53	52.8	1.34
Residents Receiving Skilled Care	95.8	91.2	1.05	91.5	1.05	91.6	1.05	85.3	1.12
Residents Aged 65 and Older	97.9	96.0	1.02	94.7	1.03	94.2	1.04	87.5	1.12
Title 19 (Medicaid) Funded Residents	69.5	72.1	0.96	72.2	0.96	69.7	1.00	68.7	1.01
Private Pay Funded Residents	21.1	18.5	1.13	18.6	1.13	21.2	0.99	22.0	0.96
Developmentally Disabled Residents	0.0	1.0	0.00	0.7	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	60.0	36.3	1.65	35.8	1.67	39.5	1.52	33.8	1.78
General Medical Service Residents	11.6	16.8	0.69	16.9	0.69	16.2	0.71	19.4	0.60
Impaired ADL (Mean)	45.9	46.6	0.98	48.2	0.95	48.5	0.95	49.3	0.93
Psychological Problems	45.3	47.8	0.95	48.7	0.93	50.0	0.91	51.9	0.87
Nursing Care Required (Mean)	8.4	7.1	1.18	6.9	1.21	7.0	1.20	7.3	1.15